Summer 2000 INJURY CONTROL Update
Volume 3 ▪ Number 1
A Publication of the National Center for Injury Prevention and Control

SAFE USA™ A national program of injury control

Each year, nearly 150,000 Americans die from injuries; in fact, injury is the leading cause of death and disability among children and young adults in this country.

Consider these facts:

- Every minute, a potentially fatal home fire starts.
- Every fifteen minutes, someone dies in a motor-vehicle crash.
- On an average day, 17 young people are murdered.
- Each year, more than 3 million children are treated in emergency departments for injuries from falls.

A partnership for safety

SafeUSA™ is an alliance of public and private organizations committed to reducing injuries and increasing the public's sense of personal and community safety. Begun in 1995 by the National Center for Injury Prevention and Control (part of the Centers for Disease Control and Prevention) and its partners, SafeUSA™ maximizes the unique strengths of each partner and minimizes duplication of effort. The result—complementary programs that strengthen the overall injury-prevention movement.

The SafeUSA™ vision

Although research has shown that injuries can be prevented, many Americans still believe that injuries are "accidents," unpredictable acts of fate beyond their control. The vision of SafeUSA™ is to change the way people think about injuries. People must believe that they can do something to make safety a reality.

The goal of SafeUSA™ is to help Americans be—

- ***Safe at home*** from injuries resulting from fires, falls, poisonings, drowning, child abuse, and intimate partner violence.
- ***Safe on the move*** from injuries caused by motor-vehicle, bicycle, and motorcycle crashes and from injuries sustained as pedestrians.
- ***Safe at school*** from injuries sustained on the playground, while playing sports, and as a result of youth violence.
- ***Safe at work*** from injuries related to environmental hazards, equipment, and working conditions.
- ***Safe in the community*** from violence and from unintentional injuries caused by falls, fires, and drowning in public places. Safety in the community also involves prompt and appropriate responses from emergency medical systems, 911 operators

What's the problem?

In this country, a fire occurs every minute, someone dies in a motor-vehicle crash every 15 minutes, and more than 3 million children are taken to the emergency room each year for fall-related injuries.

and dispatchers, poison control centers, and trauma care systems when injuries do occur.

Champions for safety through science

Over the past few years, the Partnership Council—SafeUSA™'s governing body—has worked to define SafeUSA™'s role and set principles to guide its activities. As determined by the council, SafeUSA™ partners will serve as "champions for safety through science," striving to create and maintain—

- A nationwide safety movement in which communities across the country have in place programs to prevent injuries and promote the safety of their citizens.
- Programs based on principles and practices that have been evaluated through scientific research.
- Activities that address both unintentional injuries and injuries related to violence.

SAFE USA™ Key Activities

One of SafeUSA™'s goals is to provide information and guidance that will help individuals and organizations increase personal and community safety.

Information clearinghouse

Through a web site and information hotline, SafeUSA™ provides "one-stop shopping" for important safety materials developed by partners.

SafeUSA web site (www.cdc/gov/safeusa). The SafeUSA™ web site provides information on a range of safety topics and links users to organizations with additional information on those topics. The web materials, compiled from SafeUSA™ partners, are continuously updated to reflect new findings, offer seasonal safety tips, and highlight partners' activities.

SafeUSA™ hotline (888-252-7751 or TTY 800-243-7012). This toll-free hotline provides recorded messages on popular safety topics, free safety publications, and a fax-on-demand service that provides 24-hour access to numerous SafeUSA™ fact sheets (in June, many fact sheets will be available in Spanish). Monday through Friday, from 8 a.m. to 6 p.m. Eastern time, callers can also speak with trained information specialists.

A real-life example of prevention

John M. lives in an historic section of Oklahoma City, where the homes are old and, in most cases, so are their heating systems. One Saturday morning, John answered his door to find a woman accompanied by two firefighters. "Do you have a smoke detector in this house?" she asked. "An ornamental one," John laughingly answered, "that's probably as old as I am." After the group installed a brand new one free of charge, John thanked them and promptly forgot all about it. A few months later, he was awakened very early by a sound he didn't recognize. When he opened his bedroom door, John found the house full of smoke and the new smoke detector in the hallway blaring away. He was able to extinguish the fire in the living room and get his invalid grandmother out safely. "If it hadn't been for that smoke detector, we would surely have lost our lives," John later said. "The fire chief told me that in 2 more minutes the entire house would have gone up in flames." The working smoke detector in the hallway had done its job.

Overall, this smoke-detector distribution program in Oklahoma reduced burn-related injuries 83 percent. ■

To promote the web site and hotline, SafeUSA™ has partnered with other organizations, including McDonald's Corporation. In May 1999, the restaurant chain's Happy Meals featured a summer safety brochure with tips on topics such as swimming and biking safety. The brochures referred readers to the SafeUSA™ web site for more information. In September 1999, Happy Meals included a home and fire safety brochure, which McDonald's developed with information provided by CDC and the National Fire Protection Association, another SafeUSA™ partner. The launch of the safety hotline was publicized in that brochure.

SafeUSA™ has also partnered with television producers to promote its injury-prevention materials. On November 19, 1999, the United Paramount Network (UPN) aired a documentary called *The Teen Files: The Truth about Violence*, which featured the SafeUSA™ hotline number. CDC and other partners trained hotline operators to answer violence-related calls from the program's viewers.

SafeUSA™ Handbook

The SafeUSA™ Partnership Council is developing a handbook to provide communities with—

- Current injury-prevention strategies.
- Characteristics of successful or promising safety programs and interventions.
- A variety of safety-related resources.

To ensure that the handbook is helpful and user-friendly, a prototype is being tested extensively with potential users, including both injury professionals and members of community organizations. The handbook will be available in print and on the Internet.

SafeUSA™ hotline: 888-252-7751
TTY: 800-243-7012
SafeUSA web site:
www.cdc.gov/safeusa

SAFE USA™ Partners

Each SafeUSA™ member organization is dedicated to reducing injuries and related deaths and disabilities in the United States and to increasing the level of safety in our nation's homes, schools, work places, transportation areas, and communities. Each member participates in the SafeUSA™ activities that support its own organizational objectives.

The following organizations are members of the SafeUSA™ Partnership Council:

Federal organizations

- Department of Health and Human Services (Centers for Disease Control and Prevention, Health Resources and Services Administration, and Indian Health Service)
- Department of Defense
- Department of Education
- Department of Justice
- Department of Transportation
- U.S. Consumer Product Safety Commission

Private nonprofit & professional organizations

- American Academy of Pediatrics
- American Psychological Association
- American Trauma Society
- Boys and Girls Clubs of America
- Brain Injury Association
- Children's Safety Network
- Collaborative Center for Child Well-Being
- National Fire Protection Association
- National Program for Playground Safety
- National Resource Center on Domestic Violence
- National Safe Kids Campaign
- National Safety Council
- Safe America Foundation

Special partners

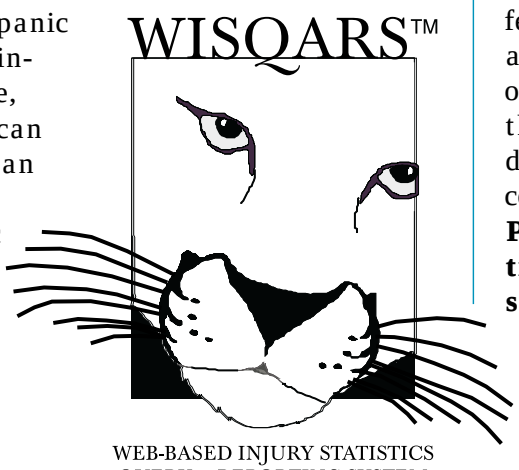
- Injury Control Research Centers (funded by NCIPC)
- State and Territorial Injury Prevention Directors Association ■

Save the date!
The SafeUSA™ National Conference will be held December 3-5, 2001, in Atlanta, GA.
Watch for details.

Web-based injury mortality data available interactively!

NCIPC's Office of Statistics and Programming is proud to announce the introduction of WISQARS™ (Web-Based Injury Statistics Query and Reporting System), pronounced "whiskers." Available on the NCIPC web page at www.cdc.gov/ncipc/wisqars, WISQARS™ enables you to generate customized Injury Mortality and Leading Causes of Death reports using data from NCHS's National Vital Statistics System.

Through WISQARS™, you can readily obtain numbers of deaths, crude death rates, and age-adjusted death rates by the following characteristics: age, sex, Hispanic origin, race (including white, black, American Indian/Alaskan Native, and Asian/Pacific Islander as distinct categories), state, and geographic region. You can specify age by standard age groupings, single year of age, or user-selected age groups (e.g., ages 13-17). Injury-mortality data can be requested by standard external cause of injury groupings (e.g., motor vehicle traffic, fall, poisoning) and/or intent of injury categories (e.g., unintentional, homicide, suicide). It is not necessary to know the associated E-codes. For Leading Causes of Death charts, you can rank up to 20 causes of death by selected age groupings.



To give WISQARS™ a try, simply go to the web site. If at any time you're unsure about a feature, just click on "Help." Your feedback is welcome; click on "Contact Us" and tell us what you think, whether positive or negative. You may also ask us questions through this link. We hope you find these data useful for your injury prevention and control activities.

POC: Mr. Steve James, Office of Statistics and Programming, 770-488-4269, spj1@cdc.gov ■

A nationwide plan for poison-control centers

To increase availability of poison-control-center (PCC) services and raise public awareness, CDC's National Center for Injury Prevention and Control (NCIPC) and the Health Resources and Services Administration (HRSA) funded a grant to the American Association of Poison Control Centers (AAPCC), a professional organization composed of centers in the United States. The grant, which will provide about $1 million a year over 3 years, will allow AAPCC to establish a nationwide toll-free number for poison-control centers and develop a campaign to educate the public about PCCs.

AAPCC will build a telecommunications system with contingency plans for network failure and disasters; the system will expand in call capacity and functionality over time. AAPCC will also develop, implement, and evaluate a public-education program and media campaign to introduce Americans to the nationwide number and acquaint them with the services that poison-control centers provide. Because more than half of poisoning exposures occur among children under age 6, the campaign will target caregivers of young children. Materials will also be developed to address the needs of teen and adult poisoning victims. The campaign will integrate both national and local activities.

In February, Congress enacted the Poison Control Center Enhancement and Awareness Act, which authorizes the Department of Health and Human Services—of which CDC and HRSA are a part—to provide $27.6 million to support these activities. Of these funds, $25 million can be used to establish a grant program to increase financial stability among PCCs; funds can be appropriated for fiscal years 2000 through 2004. ■

POC: Paul Burlack, DACRRDP, 770-488-4713, pburlack@cdc.gov

Student fellowships awarded

The Society for Public Health Education (SOPHE) and CDC's National Center for Injury Prevention and Control recently named Heather A. Jacobsen and Beth T. Stalvey as SOPHE/CDC Student Fellows in Unintentional Injury Prevention. Jacobsen, an MPH student at St. Louis University, will be evaluating the impact of tailoring injury-prevention messages for parents to help prevent childhood injuries. Stalvey, a Ph.D. candidate in Health Behavior at the University of Alabama at Birmingham, will be examining the application of the transtheoretical model to an educational program targeting older drivers. As SOPHE/CDC fellows, both will receive a stipend, a 1-year student membership in SOPHE, and an opportunity to present their work at the SOPHE annual meeting in Boston in November.

Honorable mentions went to Kelli England, a Doctoral candidate from Virginia Tech, who will be using behavioral safety feedback to train parents about the importance of proper child-safety-seat use; and Ana Validzic, an MPH student from UNC-Chapel Hill, who will apply media advocacy and communication theories to encourage journalists to write stories about injury prevention.

SOPHE/CDC student fellowships are awarded to support the training of a new generation of injury-prevention researchers and practitioners and to fill an important void in the professional preparation of behavioral scientists and health educators in the field.

To receive applications and deadline information about next year's fellowship program, contact Dr. David Sleet (770-488-4652, dds6@cdc.gov) or Ms. Krista Hopkins (770-488-1012, kjh7@cdc.gov), Division of Unintentional Injury Prevention, NCIPC. ■

Surveillance data important to TBI programs

Among the injuries most likely to result in death or permanent disability are injuries to the brain. Each year in the United States, about a million people suffer a traumatic brain injury (TBI). Of them, 230,000 are hospitalized, 80,000 are disabled, and 50,000 die.

Survivors of TBI often have trouble remembering, concentrating, making decisions, and controlling impulses. They can also suffer serious motor, sensory, and emotional impairments that can not only change education and career goals but also affect relationships with family and friends. However, not all TBI-related disabilities are readily apparent to others. That's why TBI has been called "the invisible epidemic."

Since 1990, CDC has been helping to make visible the magnitude and scope of TBI by supporting TBI surveillance in selected states. Surveillance tells us how many TBIs occur, where and how they occur, and what groups are at highest risk. This information enables us to make the best use of resources to prevent brain injuries and to more effectively treat those that do occur. Surveillance activities also help us locate people who have sustained TBIs so we can assess their needs and provide services that will help improve their quality of life.

So what do states do with the TBI data they gather? In general, they use it to educate residents and policymakers about TBI, to develop and target prevention programs, to improve injury-prevention legislation, and to deliver services to people with TBI. Let's look briefly at a few specifics.

Fostering public awareness

In New York, TBI surveillance revealed a disturbing number of cases of shaken-baby syndrome, a specific type of TBI caused by vigorously shaking an infant or young child. As a result, officials developed a statewide educational intervention that public-health practitioners will use.

Nebraska is merging their TBI surveillance data with Medicaid data to present a clear picture of the costs of TBI. This information will fuel prevention programs, gain lawmakers' attention, and generate more resources to address the TBI problem.

Targeting prevention efforts

In Louisiana, surveillance data have shown that 40 percent of TBIs related to all-terrain vehicles (ATVs) were sustained by passengers. Data also showed a cluster of ATV-related TBIs in one area in northeast Louisiana. These data enabled officials to target the specific audience most needing prevention information. They publicized the dangers of being an ATV passenger through a hunting television program and a hunting magazine in the area of the state most affected by these injuries.

Oklahoma has collected data on TBI-related hospitalizations and fatalities since 1992. Analysis of statewide bicycle-related TBIs showed that rates were highest among children 5 to 12 years old. These data formed the basis for a prevention program that included a helmet giveaway. Each year since the program was implemented, the number and severity of TBIs in the targeted age group has decreased.

Supporting science-based legislation

Injury-prevention legislation is an especially effective and efficient prevention strategy because it encourages behavior change among entire groups rather than individuals. Data showing the effectiveness of safety measures in engineering, enforcement, and regulation have resulted in universal seatbelt and car-seat laws and bike-helmet legislation in many areas.

In Minnesota, a citizens' action group asked the state health department for firearm-related TBI data. The group then used the data to support legislation requiring safe storage of guns and imposing civil penalties

and possible jail time on families whose minor children cause a firearm injury. The bill passed.

In South Carolina, surveillance data formed key evidence supporting a bill mandating standardized reporting of the nature and cause of injury on hospital and emergency department records. These data provide answers to many questions that could not be answered before, such as, "What effect does wearing a bicycle helmet have on injury severity?" South Carolina health officials will be able to see a much clearer picture of the financial and societal consequences of TBI, which can provide a rational basis for appropriate legal or other measures to prevent these injuries.

Improving delivery of services

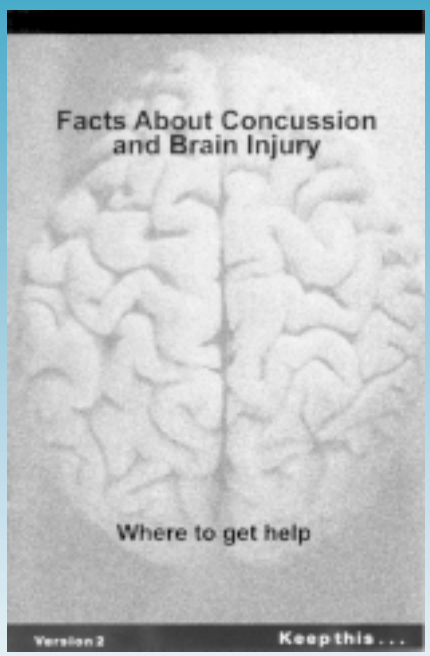
Combining surveillance data with contact information can create registries that let us monitor what happens to people after they are injured. Such follow-up registries help ensure that injured persons receive the services they need. These registries also help quantify the long-term costs of TBI.

A Colorado follow-up of people with TBI found that one-third had a disability a year after the injury, and one-fourth of those who were working before they were injured did not have a job. The state, in conjunction with Craig Hospital in Denver, is now evaluating these people's circumstances 2 years after injury. These data will support development of programs and services to help improve their quality of life.

In South Carolina, TBI surveillance data led to state programs to improve service delivery to injured persons. These data also drive prevention efforts such as child-safety-seat programs and bike-helmet giveaways that target high-risk youth. South Carolina is planning follow-up interviews with 1,200 people from their TBI surveillance system. These interviews will help people with TBI and their families connect with services in their communities and will determine their need for additional services.

POC: David Thurman, MD, MPH, DACRRDP, 770-488-4715, dthurman@cdc.gov ■

This booklet was developed by the Centers for Disease Control and Prevention for people with mild brain injury and their families, caregivers, friends, and employers. Copies are available at no charge. In addition, organizations that provide information or services to persons with brain injury may order up to 100 copies of the booklet or a camera-ready copy that allows for adding local contact information. Call the National Center for Injury Prevention and Control toll-free at 888-252-7751, or visit their web site at www.cdc.gov/ncipc/tbi.



Youth violence prevention: A multi-site approach

"Similar youth-violence prevention interventions taking place at multiple sites simultaneously–what an exciting prospect. This hasn't been done in this age group before," says Dr. Robin Ikeda, one of the scientific officers for a recently funded multi-site youth- violence prevention project.

The CDC has received $10 million to use over the next 4 years to implement and evaluate youth-violence prevention programs in middle schools in North Carolina, Illinois, Georgia, and Virginia. Principal investigators from Duke University, University of Illinois in Chicago, University of Georgia, and Virginia Commonwealth University have begun working with CDC's National Center for Injury Prevention and Control to design, implement, and evaluate these interventions.

The group's preliminary plan includes both school- and family-based interventions at multiple sites. Schools provide an important avenue for violence-prevention activities, but violence often extends beyond school boundaries. Since behavior patterns generally begin in and/or are reinforced in the home, a family-based component to the program is key.

School-based interventions might include additions to the curriculum, such as classes about social-cognitive problem-solving or how to control anger. Teachers could also be trained in how to intervene when bullying occurs or how to deliver a violence-prevention message in an interactive, non-lecturing fashion.

As for family-based interventions, the principal investigators and the CDC team are currently considering offering family sessions covering topics such as improving family functioning, meeting developmental challenges as children enter adolescence, and fostering academic success.

The group still has many unanswered questions as they plan this multi-site project. What is the best design to evaluate intervention effectiveness? Should all students receive all interventions or only students "at-risk" for violence and aggressive behaviors? How do you define "at-risk"? How do you get families to come in on a regular basis to meet in groups? How should teachers be trained to teach violence prevention? Should the interventions target grades 6, 7, 8, all three, or just two—and if so, which two?

The principal investigators and CDC will continue planning and designing the project this year and hope to be ready for pilot testing by early 2001.

POC: Robin Ikeda, MD, MPH, Division of Violence Prevention, 770-488-4764, rikeda@cdc.gov ■

National nonfatal-injury monitoring system possible

In a recent study, researchers from CDC's National Center for Injury Prevention and Control and the U.S. Consumer Product Safety Commission demonstrated that an existing national surveillance system could be expanded to provide national estimates of all types and causes of injuries treated in emergency departments (EDs). The National Electronic Injury Surveillance System, or NEISS, currently monitors only consumer-product-related injuries treated in EDs. Expanding the system would provide for timely identification of emerging nonfatal-injury problems and continuous monitoring of nonfatal injuries, activities now possible only for fatal injuries.

Advantages of expanding NEISS

Using the NEISS to monitor nonfatal injuries offers several advantages, among them—

- **Timeliness.** The NEISS is able to provide preliminary surveillance data to end users within 2 months of data collection.

- **System sensitivity.** The NEISS allows for detection of emerging injury trends. As a new injury mechanism is detected, a new code can be created to enable tracking of the injury type.
- **Cost-effectiveness.** Extending this already existing surveillance system would be more cost-effective than creating a new system.
- **New information.** The NEISS could provide important information in addition to injury diagnosis and external cause. For example, surveillance data could provide information about age, sex, intent (i.e., unintentional injury, assault, or self-inflicted injury), location where the injury occurred (such as at home), body part affected, and whether the person was hospitalized or treated and released.

Summary

Expanding the NEISS could have significant implications for injury prevention in the United States.

"The expansion of NEISS would be valuable for assessing the burden of those injuries that are frequent and severe but not often fatal," notes Dr. Kyran Quinlan, one of the study's investigators. Data would also identify high-risk groups and allow for evaluation of national prevention programs aimed at nonfatal injuries.

Aware of the findings of this study, the Committee on Injury Prevention and Control of the Institute of Medicine has recommended expanding NEISS to increase knowledge of the causes and severity of nonfatal injuries. For more information about this study, see the November 1999 issue of *Annals of Emergency Medicine* (Quinlan KP, Thompson MP, Annest JL, Peddicord J, Ryan G, Kessler EP, McDonald AK: "Expanding the National Electronic Injury Surveillance System to monitor all nonfatal injuries treated in U.S. hospital emergency departments").

POC: Kyran Quinlan, MD, MPH, Division of Unintentional Injury Prevention, 770-488-4652, kaq0@cdc.gov ■

Preventing falls among older adults

Television and movie scenes of people falling down typically are intended to make us laugh. For millions of older adults, however, falls are anything but a laughing matter. Rather, they present a serious and all too common health risk. In the United States, one of every three people 65 years and older falls each year. In fact, falls are the leading cause of injury mortality among older Americans, accounting for roughly 9,000 deaths in 1997.

Falls also contribute to serious nonfatal injuries, such as bone fractures. Indeed, 87 percent of all fractures among older adults are due to falls. Approximately 212,000 hip fractures, the most serious fracture, occur each year among persons 65 years and older. Further, half of all older people hospitalized for hip fractures cannot return home or live independently after their injury.

In addition to causing physical and emotional suffering, falls are extraordinarily expensive. In 1994, falls among people 65 years and older cost an estimated $20.2 billion.

Fortunately, many falls and resulting injuries can be prevented. Dr. Judy Stevens, an epidemiologist from the Division of Unintentional Injury Prevention (DUIP) at CDC's National Center for Injury Prevention and Control (NCIPC), notes three strategies that can help prevent older people from falling. "Regular exercise is important because it can improve strength, balance, and coordination. Another is for older adults to review with their physician or pharmacist all the medications they take to reduce possible side effects such as grogginess or dizziness. A third strategy is to make modifications in their homes to reduce fall hazards. This may include installing grab bars in bathrooms, improving lighting, especially on stairs, and removing items that may cause tripping."

NCIPC has developed a comprehensive packet of fall-prevention materials for health professionals working with older adults. The

"Tool Kit to Prevent Senior Falls" contains fact sheets, graphics, current statistics, research findings, and a scientifically based fall-prevention brochure and home-safety checklist. Last October, 4,000 copies of the Tool Kit were distributed to state and local health departments, agencies on aging, health maintenance organizations, and other organizations and advocacy groups, such as the American Association for Retired Persons. The brochure, checklist, and fact sheets are also available at www.cdc.gov/ncipc.

"The purpose of this Tool Kit is to provide health professionals with current technical information and resources about falls and fall-related injuries that can be incorporated into new or existing activities to reduce falls among older adults," says Sarah Olson, leader of the Home and Leisure Team, DUIP. "We hope that these materials will contribute to efforts to reduce falls and improve the quality of life for older Americans."

POC: Judy Stevens, PhD, Division of Unintentional Injury Prevention, 770-488-4652, jas2@cdc.gov ■

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National Resource Center on Aging and Injury

The National Resource Center on Aging and Injury (NRCAI) was established last fall to increase awareness of and collect, organize, and evaluate information about preventing unintentional injuries among older adults. NRCAI is a joint effort between the San Diego State University Center on Aging and the American Society on Aging and is funded by CDC's National Center for Injury Prevention and Control. NRCAI makes information available through fact sheets, formal publications, and the Internet (www.olderadultinjury.org). Target audiences for this information include older adults, caretakers, health care professionals, policy makers, and others concerned about reducing injuries among older Americans. The NRCAI can also be reached by calling 619-594-0986.

A fire & falls prevention program for older adults

Persons 65 years and older are at higher risk for injury and death from falls and fires than the population at large. To address the problem, the National Fire Protection Association and the National Center for Injury Prevention and Control designed "Remembering When," a step-by-step curriculum that teaches life-saving lessons to older adults. The program includes lesson plans, brochures, fact sheets, game cards, and more. "Remembering When" can be ordered from the National Fire Protection Association at www.nfpa.org or by calling 800-344-3555. The cost of the program is $52; for NFPA members, the cost is $46.75.

Resources You Can Use

Helpful web sites

Family Violence Prevention Fund

www.fvpf.org

The Family Violence Prevention Fund (FVPF) is a national nonprofit organization dedicated to the elimination of domestic violence. The goal of the FVPF is to create a society in which domestic violence is not acceptable, tolerated, nor excused. Toward this end, the FVPF is committed to mobilizing concerned individuals; allied professionals; women's rights, civil rights, and other social justice organizations; and children's groups to join the campaign to end domestic violence against all women and children. This will be accomplished through public education/prevention campaigns, public policy reform, model training, advocacy programs, and organizing.

National Fire Protection Association

www.nfpa.org

The National Fire Protection Association (NFPA) works to reduce the burden of fire on the quality of life by advocating scientific-based consensus codes and standards, research, and education on fire and related safety issues. NFPA produces a wide range of literature, including handbooks, films, brochures, codes and standards, and computer software. The web site contains the latest information about NFPA departments, publications, seminars, and educational programs.

National Injury and Violence Prevention Resource Center

www.edc.org/HHD/csn

The Children's Safety Network (CSN) provides resources and technical assistance to maternal- and child-health agencies and other organizations seeking to reduce unintentional injuries and violence to children and adolescents. This web site contains publications and resources produced by CSN and other Education Development Center injury-prevention projects. Several of them can be obtained directly from this site. Others can be ordered from the National Maternal and Child Health Clearinghouse at www.nmchc.org or by contacting CSN directly.

Spinal Cord Injury Resources

www.eskimo.com/~jlubin/disabled/sci.htm

This web site contains an extensive listing of—

- General resources on spinal-cord injury.
- Treatment and rehabilitation centers.
- Research for treatment and cure.
- Bulletin boards and chat rooms.
- Newsletters and magazines.
- Articles and pamphlets.
- Books to buy.

Unintentional Injury Prevention

www.sophe.org/Unintentional-Injury/index.html

In recognition of the important role that behavioral science plays in injury prevention, this web site is dedicated to the intersection between behavioral science, health education, and unintentional injury prevention. Launched by the Society for Public Health Education in partnership with the Association of State and Territorial Directors of Health Promotion and Public Health Education and CDC's National Center for Injury Prevention and Control, the site helps bridge the gap between injury prevention and health education. It includes general information, tips for program evaluation, funding and fellowship sources, networking contacts, seminar summaries, meeting and conference announcements, and sample abstracts of behavioral research from the field. The site also provides links to CDC Injury Prevention Research Centers, located in universities throughout the country.

Calendar of Events

Conferences

To add a conference to this list, e-mail information to InjuryControlUpdate@cdc.gov or fax to *Injury Control Update* at 770-488-1667.

14th Annual California Conference on Childhood Injury Control, October 22-25, 2000
This conference is designed to update public health and public safety professionals, nurses, physicians, and injury-prevention advocates on current issues and future directions in injury epidemiology, public policy, and injury-prevention strategies. Contact: California Center for Childhood Injury Prevention, San Diego State University, 6505 Alvarado Road, Suite 208, San Diego, CA 92120 (619-594-3691, www.cccip.org)

National observances

The following are observances sponsored by SafeUSA™ partners. For mailing addresses and other contact information not listed here, go to www.cdc.gov/ncipc/injobsrv.htm. That site also lists other national injury-related observances.

2000: Get to School Safely Year
National Highway Traffic Safety Administration
Contact: Laurie Miller, 202-366-9835

May 2000: National Trauma Awareness Month
American Trauma Society
Contact: Public Relations Coordinator, 800-556-7890
www.amtrauma.org

May 2000: National Bike Safety Month
National Bicycle Safety Network
www.cdc.gov/ncipc/bike/month.htm

May 22-29, 2000: Buckle Up America! Week
National Highway Traffic Safety Administration
Contact: Tina Fowley, 202-366-9550
www.nhtsa.dot.gov

July 1-4, 2000: Impaired Driving Enforcement Mobilization Weekend
National Highway Traffic Safety Administration
Contact: Sandy Richardson, 202-366-4294
www.nhtsa.dot.gov

In this Issue

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